24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	C C00484642
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Precision Network, LLC	Date of Public Distribution/Dissemination
Flecision Network, LLC	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1140 Connecticut Ave NW	Amount
Ste 800	Amount
City State Zip Code	78750.00
Washington DC 20036-4010	Transaction ID: VN7GBA5G0Z1 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising - Estimate Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Toomey, Patrick, J., ,	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Precision Network, LLC	M = M / D = D / Y = Y = Y
Mailing Address 1140 Connecticut Ave NW	10 15 2016
Ste 800	Amount
City State Zip Code	26250.00
Washington DC 20036-4010	Transaction ID : VN7GBA5G109
Purpose of Expenditure Online Advertising Fetimete Category/	Date of Disbursement or Obligation
Online Advertising - Estimate Type	
Name of Federal Candidate Support Office	e Sought: House District:
Trump, Donald, J., ,	President Senate State:
	ursement For: Primary X General
Per Election for Office Sought 1128222.56 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	105000.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	0 17 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	C C00484642
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee Shorr Johnson Magnus	Date of Public Distribution/Dissemination
	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 N 20th St	Amount
Ste 201	Autount
City State Zip Code	10000.00
Philadelphia PA 19103-1454	Transaction ID: VN7GBA5G125 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Toomey, Patrick, J., ,	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	M = M / D = D / Y = Y = Y
Mailing Address 100 N 20th St	10 15 2016
Ste 201	Amount
City State Zip Code	10000.00
Philadelphia PA 19103-1454	Transaction ID: VN7GBA5G133 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M M / D D / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Trump, Donald, J., ,	President Senate State:
	ursement For: Primary X General
Per Election for Office Sought 1128222.56 2016	
(a) SUBTOTAL of Itemized Independent Expenditures	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(0) TOTAL IIIdopolidolit Expoliditulos	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Lambe, Rebecca, , , [Electronically Filed] Date 1	0 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXPEND	ITOTILO	<u> </u>	PAGE 3 OF 5 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			_	NTIFICATION NUMBER ▼
Senate Majority PAC				00484642
Check if 24-hour report 🗴 48-hour re	eport New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Waterfront Strategies			10 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW Ste 100			Amount	
	Ctata	Zin Codo		20,4000,00
City Washington	State DC	Zip Code 20007-5108		294089.00 : VN7GBA5G0T2
Purpose of Expenditure Media Buy - Estimate		Category/ Type	M M /	ement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District:
Trump, Donald, J., ,		Coppose Support	resident	Senate State:
Calendar Year-To-Date Per Election for Office Sought		1128222.56	Disbursement For: 2016 Other (spec	Primary X General
Full Name of Payee	<u> </u>			Distribution/Dissemination
Waterfront Strategies			M M /	15 2016
Mailing Address 3050 K St NW			Amount	
Ste 100			Amount	
City	State	Zip Code		40967.00
Washington	DC	20007-5108	Transaction ID : Date of Disburs	VN7GBA5G0V0 ement or Obligation
Purpose of Expenditure Media Buy - Estimate		Category/ Type	M = M /	D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Trump, Donald, J., ,		x Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		1128222.56	Disbursement For: 2016 Other (spec	Primary X General cify) ▶
(a) CURTOTAL of Hamizad Indopendent E	vnondituroo			205252
(a) SUBTOTAL of Itemized Independent E	xperiorures			335056.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		>	4
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Lambe, Rebecca, , ,	[Electron	ically Filed] Date	10 17	2016
Oignaturo				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Senate Majority PAC	C C00484642			
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination			
Mailing Address 3050 K St NW	10 15 2016			
Ste 100				
City State Zip Code	40967.00			
	Transaction ID: VN7GBA5G0W8 Date of Disbursement or Obligation			
Purpose of Expenditure Media Buy - Estimate Category/ Type	M M / D D / Y Y Y Y			
Name of Federal Candidate Support Office S	ought: House District:			
Toomey, Patrick, J., ,	resident Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary x General Other (specify) ▶			
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination			
Mailing Address 3050 K St NW	10 15 2016			
Ste 100	Amount			
City State Zip Code	117073.50			
	ransaction ID: VN7GBA5G0X6 Date of Disbursement or Obligation			
Purpose of Expenditure Media Buy - Estimate Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office S	Sought: House District:			
Toomey Patrick J	resident Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	158040.50			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Lambe, Rebecca, , , [Electronically Filed] Date 10	17 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	C C00484642
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Waterfront Strategies	of Public Distribution/Dissemination
Mailing Address 3050 K St NW	10 15 2016
Ste 100	unt
City State Zip Code	117073.50
	saction ID : VN7GBA5G0Y4 of Disbursement or Obligation
Purpose of Expanditure	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Soug	ht: House District:
Trump, Donald, J., ,	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2016	ent For: Primary
Full Name of Payee Date	of Public Distribution/Dissemination
Mailing Address	
Allio	ount .
City State Zip Code	
Purpose of Expenditure Category/ Type Date	e of Disbursement or Obligation
Name of Federal Candidate Support Office Soug	ght: House District:
Oppose Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburseme	ent For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	117073.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	735170.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Lambe, Rebecca, , , [Electronically Filed] Date 10	17 / 2016